WEEKLY DNBI REPORT

Unit/Command: _____ **Troop Strength:** _____
Dates Covered: _____ **(Sunday 0001) Through** _____ **(Saturday 2359)**

Individual Preparing Report: _____
Phone: _____ **E-Mail:** _____

CATEGORY	INITIAL VISITS	RATE	SUGGESTED REFERENCE RATE		DAYS OF LIGHT DUTY	LOST WORK DAYS	ADMITS
Combat/Operational Stress Reactions			0.1%				
Dermatologic			0.5%				
GI, Infectious			0.5%				
Gynecologic			0.5%				
Heat/Cold Injuries			0.5%				
Injury, Recreational/Sports			1.0%				
Injury, MVA			1.0%				
Injury, Work/Training			1.0%				
Injury, Other			1.0%				
Ophthalmologic			0.1%				
Psychiatric, Mental Disorders			0.1%				
Respiratory			0.4%				
STDs			0.5%				
Fever, Unexplained			0.0%				
All Other, Medical/Surgical							
TOTAL DNBI			4.0%				

Dental		XXXXXXX					
Misc/Admin/ Follow-up		XXXXXXX					
Definable							
Definable							

Problems Identified:

_____
_____
_____

Corrective Actions:

_____
_____
_____

DNBI Reporting Form for Joint Deployments

ENCLOSURE C

WEEKLY DISEASE AND NON-BATTLE INJURY REPORT INSTRUCTIONS

Disease and Non-Battle Injury Rates - The Vital Signs of the Unit

The main reason for tracking disease and non-battle injury (DNBI) rates is that they are an important tool at the unit level. They are the "vital signs of the unit," an early warning system for trouble. Abnormal rates serve to focus medical attention on a problem area immediately. They are the ultimate outcome measure of how well a command's preventive medicine program is working. The data can be used by the medical staff to identify and highlight feasible means of reducing the incidence of preventable disease and injury. The data must be reported up the medical chain so that a "big picture" of disease patterns can be assembled to localize problems and quickly intervene with appropriate preventive medicine countermeasures. Additionally, the data must be reported on a weekly basis (ending Saturday 2359 hrs local) through command channels to the JTF Surgeon, CINC Surgeon, Joint Staff, Service Surgeons, and the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM). USACHPPM provides the Joint Staff, unified commands, and the Services with periodic DNBI trend analysis reports for current deployments.

The DNBI report summarizes weekly DNBI rates and provides baseline rates for comparison. This system depends on a proper sick call logbook (or its electronic equivalent), which MUST record at a minimum the following information on EVERY patient encounter:

1. Patient's name, SSN, gender, unit, unit identification code (UIC), and duty location.

2. Type of visit - new, follow-up, or administrative.

3. Primary compliant.

4. Final diagnosis.

5. For injuries, a classification into recreation/sports, motor vehicle accident (MVA), work/training, or other.

6. Final disposition into one of the following categories:

    - Full duty.
    - Light duty (estimated number of days).
    - Sick in quarters (estimated number of days).
    - MTF in-patient admissions.

7. DNBI category (case definitions are provided at the end of this enclosure).

Sick call logbooks or their electronic equivalents must be retained by the medical unit at the conclusion of the deployment.

To fill out the weekly DNBI report, follow these steps:

1. Record the administrative data in the spaces provided at the top of the form. The troop strength refers to the number of troops being taken care of by the reporting medical unit. Obtain average troop strength for the reporting period from the S-1/J-1.

2. Review the sick call log and add up the total number of new cases (excluding follow-ups) seen during the entire week in each DNBI category. Fill in the appropriate block. Add up the total DNBI and record the number in the space provided.

3. To calculate DNBI rates, divide the total number of patients seen in each category by the average troop strength, and multiply by 100. For the gynecologic category, the FEMALE troop strength must be used to calculate the rate, not the total troop strength. Remember to calculate an overall DNBI total rate.

    Example. If there were 20 dermatological cases this week in 500 troops, the percent would be calculated as follows:

    $$\frac{\text{20 dermatological cases}}{\text{500 Troops}} = 0.04 \quad \text{then } 0.04 \times 100 = 4\%$$

4. Next, add up the total number of estimated light duty days, lost duty days, and MTF in-patient admissions in each category, and fill in the appropriate block.

5. Compare calculated rates for each category with the suggested reference rate for that category (comment is required under the section "Problems Identified - Corrective Actions" for all categories where rates are above the suggested reference rate). When comparing rates, keep the following information in mind:

a. The suggested reference rates are only approximate and should be used as a rough guide only. The CINC Surgeon or JTF Surgeon may modify the "Suggested Reference Rates" based upon theater specific trends.

b. Exceeding a rate by 0.1% is not necessarily an indication of a significant problem. However, going from half the suggested rate to twice the suggested rate probably indicates that there is a health problem needing immediate attention.

c. The individual suggested reference rates are not intended to add up to the total DNBI suggested reference rate. An individual category could have a high rate without causing the total rate to exceed the reference rate - attention to the individual category is appropriate and necessary in this situation. Alternatively, the total DNBI rate could be high without causing individual categories to exceed their reference rates – attention to systemic problems causing general sick call visits to rise is appropriate and necessary in this situation.

d. Use common sense in interpreting the DNBI rates. Track DNBI rates over time and compare current DNBI rates with your unit's past DNBI rates for comparable situations.

6. Report weekly DNBI data to the unit commander and to medical personnel at higher echelons (as noted in the first paragraph of these instructions).

CASE DEFINITIONS

Notes: 1. Count only the initial visit. Do not count follow-up visits.
2. All initial sick call visits should be placed in a category.
3. If in doubt about which category, make the best guess.
4. Estimate days of light duty, lost work days, or admissions resulting from initial visits.

Combat/Operational Stress Reactions - Acute reaction to stress and transient disorders which occur without any apparent mental disorder in response to exceptional physical and mental stress. Also includes post-traumatic stress disorder which arises as a delayed or protracted response to a stressful event or situation of an exceptionally threatening or catastrophic nature.

Dermatological - Diseases of the skin and subcutaneous tissue, including heat rash, fungal infection, cellulitis, impetigo, contact dermatitis, blisters, ingrown toenails, unspecified dermatitis, etc. Includes sunburn.

Gastrointestinal, Infectious - All diagnoses consistent with infection of the intestinal tract. Includes any type of diarrhea, gastroenteritis, "stomach flu", nausea/vomiting, hepatitis, etc. Does NOT include non-infectious intestinal diagnoses such as hemorrhoids, ulcers, etc.

Gynecological - Menstrual abnormalities, vaginitis, pelvic inflammatory disease, or other conditions related to the female reproductive system.

Heat/Cold Injuries - Climatic injuries, including heat stroke, heat exhaustion, heat cramps, dehydration, hypothermia, frostbite, trench foot, immersion foot, and chilblain.

Injuries, Recreational/Sports - Any injury occurring as a direct consequence of the pursuit of personal and/or group fitness, excluding formal training.

Injuries, Motor Vehicle Accidents - Any injury occurring as a direct consequence of a motor vehicle accident.

Injury, Work/Training - Any injury occurring as a direct consequence of military operations/duties or of an activity carried out as part of formal military training, to include organized runs and physical fitness programs.

Injury, Other - Any injury not included in the previously defined injury categories.

Ophthalmologic - Any acute diagnosis involving the eye, including pink-eye, conjunctivitis, sty, corneal abrasion, foreign body, vision problems, etc. Does not include routine referral for glasses (non-acute).

Psychiatric, Mental Disorders - Any conventionally defined psychiatric disorder as well as behavioral changes and disturbance of normal conduct which is either out of normal character, or is coupled with unusual physical symptoms such as paralysis.

Respiratory - Any diagnosis of the: lower respiratory tract, such as bronchitis, pneumonia, emphysema, reactive airway disease, and pleurisy; or the upper respiratory tract, such as "common cold", laryngitis, tonsillitis, tracheitis, otitis and sinusitis.

Sexually Transmitted Diseases - All sexually transmitted infections including such diseases as chlamydia, HIV, gonorrhea, syphilis, herpes, chancroid, and venereal warts.

Fever, Unexplained - Temperature of 100.5^0F or greater for 24 hours, or history of chills and fever without a clear diagnosis (this is a screening category for many tropical diseases such as malaria, dengue fever, and typhoid fever). Such fever cannot be explained by other inflammatory/infectious processes such as respiratory infections, heat, and overexertion.

All Other, Medical/Surgical - Any medical or surgical condition not fitting into any category above.

Dental - Any disease of the teeth and oral cavity, such as periodontal and gingival disorders, caries, and mandible anomalities.

Miscellaneous/Administration/Follow-up - All other visits to the treatment facility not fitting one of the above categories, such as profile renewals, pregnancy, immunizations, prescription refills, and physical exams or laboratory tests for administrative purposes.

Definable - An additional category established for a specific deployment based upon public health concerns (e.g. malaria, dengue, airborne/HALO injuries, etc.).